



Statement of Organization CANDIDATE COMMITTEE

JUN 03 2013

*Please read instructions before completing this form.

Type of Statement				
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.		<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.		
		Date Changes Took Effect	SBE-issued Committee ID	
Committee Information				
Committee Information	MITCHELL W NUCKLES for Commissioner			
	Name of Candidate Campaign Committee			
	3583 BRISBANY LN			
	Street Address/PO Box		Suite #	
	Lynchburg		VA 24503	
	City		State Zip Code	
mitmell.nuckles@lynchburgva.com		434-455-3871		
Email Address		Daytime Phone #		
N/A				
Campaign Website				
Candidate Information				
Candidate Information	NUCKLES MITCHELL WAYNE			
	Salutation	Last Name	First Name	Middle Name
	Suffix			
	3583 BRISBANY LN			
	Residence Address		Apt #	
	Lynchburg		VA 24503	
	City		State Zip Code	
	City of Lynchburg		Voter Identification #	
County or City of Residence		434-455-3871		
Email Address		Daytime Phone #		
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Election Information				
Election Information	Commissioner of the Revenue			
	Office Sought		District (if one)	
	Republican		2013	
Political Party		Year of Election		
		<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special		
		Type of Election		



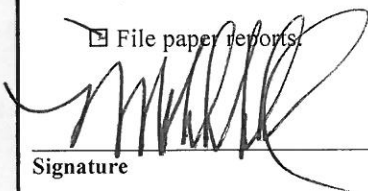
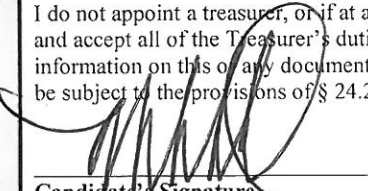
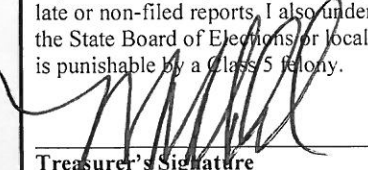
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Treasurer Information				
Treasurer Information	<div style="display: flex; justify-content: space-around; font-weight: bold;"> NUCKIES MITCHELL WAYNE </div>			
	Salutation	Last Name	First Name	Middle Name
	<div style="display: flex; justify-content: space-between;"> 3583 brecony Ln </div>			
	Residence Address			Apt #
	Lynchburg		VA	24503
	City	State	Zip Code	
	City or County of Residence			Voter Identification #
<div style="display: flex; justify-content: space-between;"> MITCHELL.NUCKIES@lynchburgva.gov 434-455-3871 </div>				
Email Address		Daytime Phone #		
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Campaign Depository				
BATT				
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)		
Lynchburg				
City	VA	City	State	
Committee Activity				
Dates of Activity	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")			
	Date first contribution accepted:		N/A	
	Date first expenditure made:		5/30/13	
	Date campaign depository designated:		N/A 5/30/13	
	Date filing fee paid for party nomination:		5/30/13	
	Date Statement of Qualification filed:		4/3/13	
	Date treasurer appointed:		6/3/13	

(continued on next page)



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Filing Method	
Filing Method	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input type="checkbox"/> File electronically using SBE's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:) _____</p> <p><input checked="" type="checkbox"/> File paper reports.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  _____ Signature </div> <div style="text-align: center;"> <u>June 3, 2013</u> Date </div> </div>
Signatures	
Candidate's Signature	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  _____ Candidate's Signature </div> <div style="text-align: center;"> <u>June 3, 2013</u> Date </div> </div>
Treasurer's Signature	<p>I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  _____ Treasurer's Signature </div> <div style="text-align: center;"> <u>June 3, 2013</u> Date </div> </div>